

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029734

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 1498 Registrar's No. 30

STATE FILE NUMBER

FILED AUG 8 1962

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hunnewell, R.F.D. #1</b>		Length of stay in 1b <b>50 Years</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shelby Co. Z Route</b>		d. STREET ADDRESS (If outside, give location) <b>Shelby Co. Z Route.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Russell McCrorey</b>		4. DATE OF DEATH Month Day Year <b>July 29, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/10/83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (City and state or country) <b>Holt Missouri</b>
13a. FATHER'S NAME <b>A.C. McCrorey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Blankenship</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>5</b>	
17. INFORMANT Address <b>Mrs. Nettie McCrorey. Hunnewell Mo</b>		14. NAME OF HUSBAND OR WIFE <b>Nettie McCrorey</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Peptic Ulcer</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 3-1962</b> to <b>July 29-1962</b> and last saw him alive on <b>July 29-1962</b> Death occurred at <b>7:00 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold F. Ellis, D.O.</b>		22b. ADDRESS <b>Monroe City - Mo.</b>	
22c. DATE SIGNED <b>Aug 3-62</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/1/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	23d. LOCATION (City, town, or county) <b>Hunnewell, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Harold Garner, Monroe City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 6, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Marianne Simpson</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO.

1 1620

2 1020

3 1

4 0

5 1

6

7 0

8 0

9 4222

10

11

12 90-2

13 3-0

Permit obtained 8-6-62 Mch

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No.

*3720*

P. O. Address

*Moore City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.